PTOSERG (08-03)
Approved for use through 7.0 1/2003, ONE 0651-0002
U.S. Peterd and Tradement Office; U.S. OEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875											
CLAIMS AS FILED - PART ((Column 1) (Column 2)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	FOR	MAG.	HAMBER FILED		IGAISER EXTRA		RATE	FEE		RATE	PEE
	FR 1.16(a))]		\$	OR		•
	L CLAIMS FR 1.16(Q)		minus 20 =		•		x s=		OR	X 8 *	
INDEPENDENT CLAIMS (BY OFR 1.16(b))		WS	minus 3 +		•		x •		OR	x	
NGLTUPLE DEPENDENT CLAIM PRESENT (37 CFR 1,14(d))						+5•		QR	+1		
* If the difference in column 1 is less than zero, enter "V" in column 2.						•	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II											
9-22-05 (Column 1) (Column 2) (Column 3)						SMALL I	ENTITY	QR		R THAN ENTITY	
		CLAIMS REMAINING AFTER AMEXIMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOI- TEDNAL FEE,		RATE	ADOI- TIONAL FEE
	Total profit Luipa	.32	AETHE	- 20	-		X1•		QR	x 5•	
	tratependent (37 OFR 1.14()())	2	Mirror	3	-		× 6=		QR	×1	
FURST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFILLINGS)							+==		OR	+5 -	
						•	TOTAL ADD'L FEE		OR	TOTAL ADDL FEE	
Tel (Column 1) (Column 2) (Column 3)							,,				' -
MENT	122100	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST MARBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOI- TIONAL FEE		RATE	ADOM TIONAL FEE
\$	Total parama v. sappy	* 36	Minus	- Ho	.15		x 8=		OR	** <u>3D</u>	600
MEND	ndependent p/ GFR 1.18(19)	d	Minus	-3	•		X 5 4		OR	X 5=	
FIRST PRESENTATION OF WILLTIPLE DEPENDENT CLAIM (IF CFR 1.18(6))							+1		QR	+3	
10/018							ADOL FEE		OR	TOTAL ADD'L FEE	600
Y	WIOX	(Cotumn 1)	_	(Column 2) HOCHEST	(Cotumn 3)	1			1 1		
EN	ŀ	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
3	Total	22	Minus	-W	2		x 8a		OR	X 5=	
AMENDM	ndependent profit 1.14pg	2	Minus	うろ	• <i>(b</i>)		X 8=		OR	X 8 *	
₹ .	WEST PRESENT	VIION OR HOSTING	OEPE(DE	SALONIN CLICK	7 1.100(D)		+ 6		OR	+1=	
* If the entry in column 1 is less than the ontry in column 2, write "0" in column 3.							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
" is the delay in column) is less than the ontry in column 2, write "Y in column 3. " if the "Fighest Number Previously Paid For 'BN THSS SPACE is less than 20, enter "20". " If the "Fighest Number Previously Paid For 'BN THSS SPACE is less than 3, enter "3". The "Righest Number Design Chief of "Shift SPACE" is less than 3, enter "3".											

The "Righest Number Previously Paid For" (I feel or Independent) is the highest number bound in the appropriate box to column 1.

This collection of information is required by 37 CFR 1.18. The information is required to obtain or stalin a leventh by the public which is to the land by the USPTO to processly an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to table 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the ement of time you require to complete this form another assignations for its solution to be used to the Chief information Officer, U.S. Patient and Tradewark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO MOT SERD FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.